

# CLAIMS ONLY

Application Number

101511670

Filing Date

Applicant(s)

423107

\* May be used for additional claims or amendments

| CLAIMS       | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|-----------------------|--------|------------------------|--------|
|              | Indep                 | Depend | Indep                  | Depend |
| 1            |                       |        |                        |        |
| 2            |                       |        |                        |        |
| 3            |                       |        |                        |        |
| 4            |                       |        |                        |        |
| 5            |                       |        |                        |        |
| 6            |                       |        |                        |        |
| 7            |                       |        |                        |        |
| 8            |                       |        |                        |        |
| 9            |                       |        |                        |        |
| 10           |                       |        |                        |        |
| 11           |                       |        |                        |        |
| 12           |                       |        |                        |        |
| 13           |                       |        |                        |        |
| 14           |                       |        |                        |        |
| 15           |                       |        |                        |        |
| 16           |                       |        |                        |        |
| 17           |                       |        |                        |        |
| 18           |                       |        |                        |        |
| 19           |                       |        |                        |        |
| 20           |                       |        |                        |        |
| 21           |                       |        |                        |        |
| 22           |                       |        |                        |        |
| 23           |                       |        |                        |        |
| 24           |                       |        |                        |        |
| 25           |                       |        |                        |        |
| 26           |                       |        |                        |        |
| 27           |                       |        |                        |        |
| 28           |                       |        |                        |        |
| 29           |                       |        |                        |        |
| 30           |                       |        |                        |        |
| 31           |                       |        |                        |        |
| 32           |                       |        |                        |        |
| 33           |                       |        |                        |        |
| 34           |                       |        |                        |        |
| 35           |                       |        |                        |        |
| 36           |                       |        |                        |        |
| 37           |                       |        |                        |        |
| 38           |                       |        |                        |        |
| 39           |                       |        |                        |        |
| 40           |                       |        |                        |        |
| 41           |                       |        |                        |        |
| 42           |                       |        |                        |        |
| 43           |                       |        |                        |        |
| 44           |                       |        |                        |        |
| 45           |                       |        |                        |        |
| 46           |                       |        |                        |        |
| 47           |                       |        |                        |        |
| 48           |                       |        |                        |        |
| 49           |                       |        |                        |        |
| 50           |                       |        |                        |        |
| Total Indep  | 2                     |        |                        |        |
| Total Depend | 18                    |        |                        |        |
| Total Claims | 20                    |        |                        |        |

|              | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|-----------------------|--------|------------------------|--------|
|              | Indep                 | Depend | Indep                  | Depend |
| 51           |                       |        |                        |        |
| 52           |                       |        |                        |        |
| 53           |                       |        |                        |        |
| 54           |                       |        |                        |        |
| 55           |                       |        |                        |        |
| 56           |                       |        |                        |        |
| 57           |                       |        |                        |        |
| 58           |                       |        |                        |        |
| 59           |                       |        |                        |        |
| 60           |                       |        |                        |        |
| 61           |                       |        |                        |        |
| 62           |                       |        |                        |        |
| 63           |                       |        |                        |        |
| 64           |                       |        |                        |        |
| 65           |                       |        |                        |        |
| 66           |                       |        |                        |        |
| 67           |                       |        |                        |        |
| 68           |                       |        |                        |        |
| 69           |                       |        |                        |        |
| 70           |                       |        |                        |        |
| 71           |                       |        |                        |        |
| 72           |                       |        |                        |        |
| 73           |                       |        |                        |        |
| 74           |                       |        |                        |        |
| 75           |                       |        |                        |        |
| 76           |                       |        |                        |        |
| 77           |                       |        |                        |        |
| 78           |                       |        |                        |        |
| 79           |                       |        |                        |        |
| 80           |                       |        |                        |        |
| 81           |                       |        |                        |        |
| 82           |                       |        |                        |        |
| 83           |                       |        |                        |        |
| 84           |                       |        |                        |        |
| 85           |                       |        |                        |        |
| 86           |                       |        |                        |        |
| 87           |                       |        |                        |        |
| 88           |                       |        |                        |        |
| 89           |                       |        |                        |        |
| 90           |                       |        |                        |        |
| 91           |                       |        |                        |        |
| 92           |                       |        |                        |        |
| 93           |                       |        |                        |        |
| 94           |                       |        |                        |        |
| 95           |                       |        |                        |        |
| 96           |                       |        |                        |        |
| 97           |                       |        |                        |        |
| 98           |                       |        |                        |        |
| 99           |                       |        |                        |        |
| 100          |                       |        |                        |        |
| Total Indep  |                       |        |                        |        |
| Total Depend |                       |        |                        |        |
| Total Claims |                       |        |                        |        |